



Date:	Complaint Investigation Report							
Due Date:	Person who received call:			Date:				
Return to: Program Administrative Assistant Caller Name: Address: City: County: Zip code: Phone: Best Time to call: Producer: Address: City: Zip code:				Due Date:		Yes	☐ No	
Caller Name: Address: City: County: Zip code: Phone: Best Time to call: Producer: Address: City: Country: Zip code: Incident Date: Incident time: Incident Description: (if necessary, attach narrative information on supplemental form) Inspector: Date assigned:				Due Date.				
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Inspector:								
Inspector:	INVESTIGATION							
Organization: Action: Field Response – Investigation Resource Limitation Field Response – Technical Asst. Voluntary Compliance Written Enforcement No Action Needed Written Technical Asst. Telephone Technical Asst. Referral Name: Telephone: Referral Date: Pax: Email: Referral name: Telephone: Referral Date: Organization: Fax: Email: Narrative Text:	Inspector:							
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r Signature.	Narrative Text: Signature:			Date:				





Supplemental **Supplemental Complaint Investigation Report** Signature: Date:



Washington State Department of Agriculture Livestock Nutrient Management Program PO Box 42560 Olympia WA 98504-2560 (360) 902-1982